

# ORAL HYGIENE

MARCH

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# Are *YOU* Meeting Opportunities?

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Dentistry has no place for untried claims or fanciful theories. The wisdom of following dependable, proven methods of procedure has been well illustrated (during the past eight years) in the record of

## **The Pyorrhocide Clinic**

Under the direction of W. F. Spies, D.D.S., with a staff expertly trained in the work, the Clinic offers the visiting practitioner, without expense or obligation:

**POST GRADUATE INSTRUCTION** in oral prophylaxis and the treatment of pyorrhea, including the employment of splints, clinical data in a wide range of conditions, and everything (instruments, apparatus, etc.) necessary in the study of a case.

**CONSULTATION** in any case presented by the dentist, and continued assistance until successful results are assured.

**A RESEARCH LABORATORY**, with complete modern equipment, for bacteriological investigation.

**PRACTICAL SUGGESTIONS** on ways of making a prophylactic practice profitable.

**A CORRESPONDENCE DEPARTMENT** extends this service to dentists unable to visit the Clinic, through Diagnosis Charts and careful detailed attention to cases submitted in writing.

**PYORRHEA PICTURED** (illustrated in color) interestingly descriptive of the Clinic, contains original photographs valuable for use in talks with patients, because of opportunities it develops of stimulating interest in dental service. Write for a copy **TODAY**.

**THE DENTINOL & PYORRHOCIDE CO.**

*World's Tower Building*

**110-112 West 40th Street**

**NEW YORK**

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## A JOURNAL FOR DENTISTS

VOLUME V.

NUMBER III.

MARCH 1915

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PROF. DR. ERNST JESSEN, Strassburg in Elsass, Germany

Sixth International Dental Congress, London, 1914

Section IX—Oral Hygiene Public Instruction and Public Dental Service

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In Great Britain the question of dental care in school was first mentioned in the meeting of the British Dental Association in Cambridge, in the year 1885. Mr. W. MacPherson Fisher, of Dundee, introduced the practice of examining each child's mouth on entering school, and then

have it attended to after that by a duly appointed State graduate dentist, with unfailing regularity. He again demanded this rule at the time of the London dental meeting, in 1886, and he found that notwithstanding careful watching there existed total negligence in the mouths of some children.

In 1890 a committee was established which had to make yearly reports to duly appointed boards. George Cunningham, of Cambridge, gained great credit in this matter. In many schools regular dentists were appointed. In 1898 the Schools Dentists' Society was established, which has since been in full charge.

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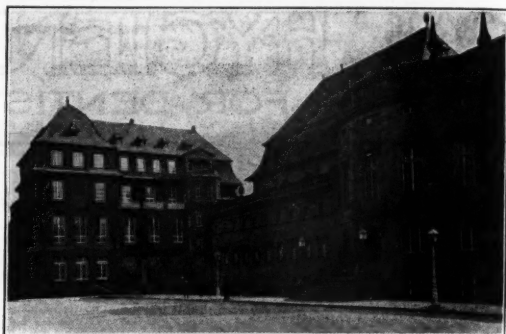
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The Public Swimming Baths and new Building of the  
Strassburg School Dental Dispensary

Also in other countries, particularly in Denmark and Sweden, through Haderup and Christensen, Forberg and Lenhardtson, dental care in schools was duly established.

In Germany, Rose, through his theoretical researches and scientific work, gave the first support to the enterprise, so that the care of the teeth of the school children came generally to attention.

My Thema, gives me the opportunity to lay its historical development before you. I will speak of practical results and of course, first and foremost, I will lay before you my own practical experiences and subsequent results.

The first steps to the care of public school children's teeth took place in Strassburg, Els., in the year 1883. In the just lately established Ambulance Hall for Diseases in the Kaiser Wilhelm University, dental treatment was given free of charge to the children, soldiers and laborers and their families. The at-

tendance, very meager at first, grew in such little time that in a few years the extraction increased from 340 in the first year to 8,000 yearly, and the fillings 125 to 5,000. The cost of this treatment was covered by private sources.

From the year 1892 the city of Strassburg granted its aid at the rate of 1,200 mk. per year. When in the year 1898 the Ambulatorium Hall for Diseases was taken over at University-Policlinic by the State, then the city took back its donation. In the year 1900 the city again granted funds for the examination of children in schools, recognized the necessity of dental care of school children in public schools, and in the year 1902 the city established in the month of October the first State dental clinic. In rather small rooms and with modest inventory and only one attendant it started its work. Its yearly fund was 2,400 mk., rising until it had reached 11,400 mk. in the year 1910.

When space was taken for school clinics in the newly built Sanatorium, in the year 1911, consisting of fine halls with fine appurtenances, the working force consisted of nine persons in the clinic, and its yearly income had attained the sum of 26,500 mk.

Since the opening of the Children's School Clinic, in 1902, there has been examined therein in eleven years 30,000 children and 70,000 treated, with, in round numbers, 75,000 fillings and 75,000 extractions. In all, since the year 1892, the city of Strassburg had spent the sum of 152,000 mks. for the dental treatment of school children.

This example set by the city

of Strassburg was soon followed by other cities. In Germany the establishment of dental school clinics reached the number of 213 in ten years with an expenditure per year of 560,000 mks. Almost 2,000,000 public school children have the right to examination and treatment in these clinics. In 1913, in round numbers, there were treated 227,000 children.

These figures are obtained from the German Central Committee statistics for the care of teeth in schools.

Progress of the dental school care in Germany taken from the statistics of the German Central Committee in schools:

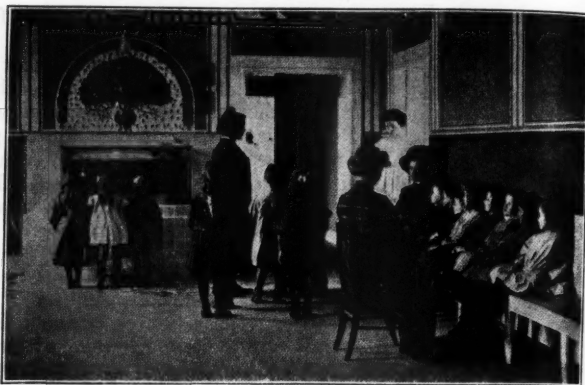
Year	Cities	Inhabitants	Public School Children	Depots	City Clinics
1 1909	42	5,268,514	615,916	42	19
2 1911	78	11,777,763	1,359,795	81	38
3 1913	209	18,009,827	1,813,453	213	84

Treated Children	Dentists	Salaries Marks.	Cost of Maintenance Marks.	Yearly Income Marks.
56,836	81	114,805	13,785	128,590
.....	166 & 4 Dents	249,510	51,940	301,450
226,983	331 & 25 "	478,630	82,652	561,282



Director's Room—Strassburg Dispensary



Waiting Room—Strassburgh Dispensary

In other countries school clinics were established, as in Switzerland, Sweden, Norway, Great Britain, in the United States of America. London alone shows twenty school clinics.

A magnificent fine pattern school and of the largest proportions is the \$2,000,000 endowed school—Forsyth Dental Infirmary in Boston.

This international school dental care and its development in so short a time must be taken in itself as a great result.

Of course the extent of the result in these different schools are not known to me, neither its working capacity. But when the Strassburg School Clinic alone, in 1912, made 10,776 fillings and 7,695 extractions, reveals that in that year there had been treated 8,219 children, relieving them, therefore, of 18,471 sources of decay in the mouths. It is to be understood that the other clinics

work on the same proportions. Therefore, if in Strassburg in the past ten years there have been made 75,000 fillings and as many extractions, it reveals that 150,000 sources of decay have been removed from the mouths of 70,000 children that have been treated. From this you can see how big the total treatments must be in the to-day still somewhat scant number of school clinics.

The number of treatments, however, would not be giving the measure, unless practical results have been obtained by these treatments. Therefore, I will first guide the light for your understanding of the results in individual patients, and then take up the results of dental care in schools as a whole.

The condition of the antrum plays a big role in the illnesses of the digestive tract, in numerous infectious diseases, particularly in the secondary results in infections,

such as scarlet fever, measles, typhoid fever and diphtheria.

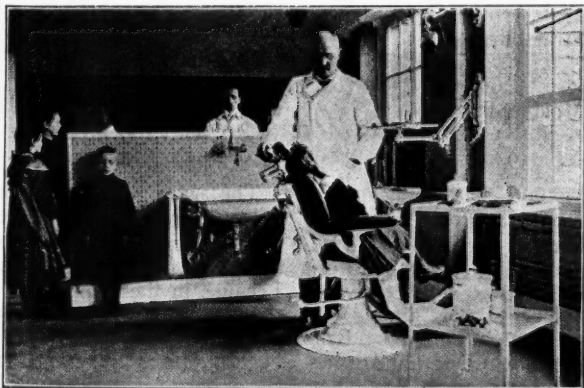
Rational dental care, therefore, in the youthful years is of prophylactic value. The utility of the treatment must be placed high when taking into consideration that we are treating children who otherwise would not obtain a rational dental treatment, whose parents would not encourage dental care, and which, therefore, are taught cleanliness of the mouth in both schools and clinics. The usefulness in the first place consists of sanitation of the mouth, furthering of common health, in the improvement of breathing pure air in schools, thereby obtaining good health both for the pupils as well as the teachers.

In many cases of our practice we have found children who were pale, suffering from swollen glands, anæmic, tired in feeling and without appetite, a short time after treatment presented a very differ-

ent appearance. Their cheeks became rosy and full, fresh and full of life, attentive and eager to learn, in such a way that they themselves spoke highly for the value of the school clinics in the eyes of the parents and teachers.

Therefore if this is the result obtained in individual cases and apparent today, the results of the whole in the relatively short time are not yet entirely perfect, treatment of school clinics cannot of course be as convincing as by individual treatment.

Through the results of the studies and work of Port it is proven that by a rational care of the teeth and treatment of soldiers three-fourths of bucal and maxillar diseases could be prevented. It is obvious that this would likewise apply to the treatment of the school children. It has been further proven that diseased teeth later are the causes of disturbances in



Examination and Extracting Room—Strassburgh Dispensary

alimentary tracts, of arteriosclerosis, lessen the resistance in patients when combating any illness, and eventually shortening lives, as proven by the repeated lectures of ministerial director and consulting physician Dr. Kirchner, of Berlin.

Therefore the work cut out for the clinics is to lessen the percentage of diseased teeth, and to increase the percentage of healthy ones in a relative manner, so as to get nearer and nearer to an ideal healthy mouth in school children.

I am in a position, even today, to give you astounding

results of statistical researches in children of eight years in Strassburg and Berlin-Moabit.

As you know, Strassburg possesses the oldest dental school clinic, which has endured now ten years. Berlin today has four such clinics, still the Moabit locality is so far from these clinics that the children residing in Moabit district cannot attend these clinics.

In round numbers in each town there were examined 2,000 boys and girls of 8 years of age.

The results of these examinations are explained in the report of Dr. Konrad Kohen—in "School Dental Care," IV, 1913, No. 3, as follows:

#### Examination of children of 8 years.

##### —Second Molar—

##### In Strassburg—

Healthy	Extracted	Carious	Fallen	Filled
16.2%	37.6%	23.5%	15.5%	7.2%—in 1,169 girls
16.9%	34.8%	23.8%	18.6%	5.9%—in 1,163 boys—Jessen
In Berlin—Moabit—				
6.4%	33.6%	23.8%	35.1%	0.9%—in 1,169 girls
5.7%	35.9%	23.7%	33.2%	1.3%—in 913 boys

##### —Six year Molars—

##### In Strassburg—

Healthy	Extracted	Carious	Fallen	Filled
50.4%	3.7%	29.0%	7.4%	9.5%—in 1,169 girls
54.3%	2.6%	29.8%	6.9%	6.4%—in 1,163 boys
In Moabit district—				
9.2%	18.9%	35.3%	34.6%	1.8%—in 1,169 girls
7.5%	19.0%	38.4%	32.9%	2.0%—in 913 boys

We find that we have not to report a great difference between extraction and caries. In the milk teeth the difference shows perceptively. Strassburg shows among the girls 15.5%, boys 18.6%. Berlin, on the other hand, girls 35.1%, boys 32.2% of fallen milk molars.

The care of the second milk molars possesses a great prophylactic value to the close by situated six year molar. Because in the comparison of the six year molar in both cities, the difference in the healthy ones is very apparent. Strassburg shows 50.4% in girls, 54.3% in boys. On the

other hand, Berlin shows 9.2% in girls and 7.5% in boys.

That Strassburg shows a higher percentage of filled molars than is shown in Moabit, is not astonishing when you take into consideration the activity of the Strassburg Clinic; but it is remarkable when we consider the difference in the fallen six year molars between the two districts. In Moabit the girls show 34.6%, in Strassburg 7.4%. The boys in Moabit show 32.9%, in Strassburg 6.9%.

This difference can be explained through the work in Strassburg and the examinations taken in time by the city dental school clinics. And still you must take into consideration that not all the school children are examined and treated in the Strassburg Clinic proper, but only a percentage of them. Had we only taken into consideration the eight year children examined in the school clinics of Strassburg, then the compari-

son would have been more unfavorable for Berlin.

The results obtained in Strassburg were only obtained after minute and painstaking labor. They are also shown in outward appearance of the clinic, which became what it is today out of a very humble beginning. I offer to your view the pictures of the new rooms of our clinics, which show successful results in themselves, and can be taken as pattern for the development of a middle school.

I am now reaching the end of my discourse. From what I have laid before you, you can readily see that the numerical results for the whole does not as yet appear as important as we have shown in the treatment of the individual patients.

The cause of this is only to be found in the shortness of the time since the establishment of the general introduction of the care for the teeth in school children. But I am convinced that our next Con-



Technical Laboratory—Strassburg Dispensary



gress will show material as well as practical progress to be added to the results obtained with the examination of the eight year old children of both Strassburg and Berlin-Moabit Districts.

Our work is receiving assistance. In my opinion it finds its main results in the circumstance that the care for the teeth is not undertaken alone by us dentists, but that

the State and Government offices, in military staff, hospitals, sick funds, and all such organizations are contributing their share and practical work, by their aid and practical assistance.

That the conviction of the value to be found in the care of the teeth has reached so wide a circle, is due to our intense work in the care of school children.

## THE MENACE OF THE TOOTH-BRUSH

BERNARD FELDMAN, D.D.S., Perth Amboy, N. J.

The author has some very decided opinions on this subject which he presents in a very readable manner.

An editorial in the October issue of "Oral Hygiene," reads:

"If any of you fellows have a particular grouch against some special thing, send it along and we will print it—and again, we have no place for your particular brand of religion or politics. Outside of the things mentioned, the limit is the sky."

This particular grouch concerns the prevalent use of the tooth brush by the general public for the cleaning of the teeth. Not only has the public become accustomed to look upon the brush as a necessary agent for this purpose, but our teachers and the great army of dentists are recommending its diligent use. This teaching of school children and of adults how to properly use the brush constitutes what

I consider "the menace of the tooth brush;" because it has been proven to me that the brush is defeating the very purposes of our oral hygiene movement and that we are actually infecting the mouth instead of cleaning it by the use of the filthy germ-ridden thing. Dr. Head called the attention of the profession to the dirty condition of the brush as it is used by the general public. Professor Miller proved that the brushing action of the bristles upon the surfaces of the teeth had a very injurious mechanical wasting effect near the necks of the teeth. Professor Hutchinson reported the conclusions which were reached in this matter by research workers and his remarks are so emphatic that the matter cannot be well ignored. The



plain truth is that the brush is a dangerous instrument which is practically impossible to sterilize. It cannot be boiled with impunity and practically all agents, such as tricresol or formilin render the bristles of the brush or the handle unfit for further use. To quote Professor Hutchinson: "Not only the public, but the dentists themselves have little conception of the filthy state of the comparatively clean tooth brush as used in every day life."

But granting the impossible; i.e., that the brush with its bristles covered with a thin ribbon of tooth paste or powder is sterile, why should we use it when it does not reach the interproximal spaces where it is most important that the bristles should reach? Tooth decay starts in these spaces in the majority of cases. An efficient cleaning is probably never obtained by the brush. What is more probable is that many of the germs that are present on the bristles are deposited in these spaces. The silk floss does reach between the teeth and does clean out the food debris. It seems self-evident that the brush fails to do what it is supposed to do, so why use it when it does not do any good?

To cite an example which was given to me by a friend, a few minutes before I gave an oral-hygiene talk to school children; the big brush that is used by the street cleaners will clean the surfaces of the cobble stones in the gutter,

but will glide over the cracks where most of the dirt is settled. This seems to me to be a splendid word-picture; and its worthy object was to illustrate how and why to use the tooth-brush to dislodge the food debris "between the cracks."

But why should we follow the example or pattern the cleaning of teeth after the crude method of the cleaning of gutters having cobble stones? To cite other examples: a stiff brush with a liberal amount of soap and water, vigorously applied, will clean the smooth surfaces of floors; the cloth of a person's suit can be cleaned by the clothes brush and one's shoes can be polished by a shoe brush. Inert substances cannot cry out that this rubbing HURTS. Dr. W. D. Miller proved that the same kind of agent, a brush of smaller size but exactly the same in principle, DOES HURT the soft tissues of the oral cavity. This tearing and rubbing on the gums of the teeth is done by a brush which is filthy with those very germs that we are so very anxious to rid the mouth of. Would the surgeon sanction the cleansing of an open wound with an infected brush which was covered with an antiseptic tooth paste or powder? Are we oral surgeons, therefore, justified in teaching children and adults to use such an instrument on soft gums and teeth? Experiments were made which proved that the brush contains a quantity of germs

comparable with the number of germs found in sewage. Twelve sterile brushes were used in these experiments, applied once on the teeth, rinsed ten times in a tumbler of water, were left to stand for twelve hours, when all the bristles were removed with sterile forceps and the organisms counted in the usual way. In eight cases out of twelve the results were as quoted. One hates to think how filthy the brushes are that are used daily, especially by those people in whose mouths septic processes are taking place. No one that can look squarely at facts and that has the courage to stand by a proven principle can continue to use the brush nor advise its use for his clientele.

Is it not just barely possible that, in this matter, we have been blindly traveling on Sam Foss' "The Calf's Path?"

"—A hundred thousand men were led

By one calf near three centuries dead.

They followed still his crooked way,

And lost one hundred years a day.

For such reference is lent

To well-established precedent.

A moral lesson this might teach,

Were I ordained and called to preach.

For men are prone to go it blind

Along the calf-path of the mind,

And work away from sun to sun

To do what other men have done.

They follow in the beaten track,

And out and in, and forth and back,

And still their devious course pursue

To keep the path that others do.

But how the wise old wood-gods laugh,

Who first saw the primeval calf."

Our research workers, of which we have far too few, have proven conclusively to me, at least, that the tooth-brush is undesirable and inefficient. It has been shown that pastes and powders and lotions are beneficial, whenever they do not discolor the teeth. Of what good is research work if the rank and file doesn't benefit by the findings? The conclusion which I have reached, is that an able and unbiased board or commission of dentists should solve this problem for the dental profession, and give us a technique for cleaning the oral cavity that is REAL ORAL HYGIENE. This could then be taken up by the rank and file, and the doctrine spread broadcast. Until such a method is adopted, may I suggest that we go back to the old Japanese method of using the clean forefinger to massage and clean the gums and outer surfaces of the teeth. It seems to be Nature's own instrument, that "just fits the bill." Instead of using salt and water as did the Japanese, we can use our modern lotions, to be followed by the recognized efficient silk-floss or strips. Mind you, this is my own idea; but I cite it only to create a discussion amongst dentists to obtain REAL ORAL PROPHYLAXIS. But let us start right, by abandoning the filthy tooth-brush once for all.

## SHOULD THE DENTIST ADVERTISE

L. GEORGE BEERBOWER, D.D.S., Terra Alta, W. VA.

Read before the Monongahela Valley Dental Society, Grafton, West Virginia,  
October 3, 1914.

This article was not written for publication and intended strictly for home consumption. The author has some decided views on this question and we have asked the privilege of presenting them to you. Read it over and let us know what you think of it.

Certainly the dentist should advertise. Advertising is only a synonym of publicity, of the giving of information.

The very life of the profession is its obligation to give, to impart to others or share with them the knowledge we have.

The mere fact of possession brings the obligation of giving. If knowledge is possessed by the profession it is obliged to give it attractively, forcefully, honestly; give it verbally through the printed circular or the public press.

Good advertising, forcefully setting forth the truth, is often the door of entrance to many a life.

What the eye sees and not what the ear hears carries nearly ninety per cent. of what the mind retains; how important, then, to make the right visual, and, therefore, the right mental impression.

You would not use a moving picture machine to throw pictures on a screen by your office door to tell to the public how much superior your work is than that done by Dr. B., but why not use the picture on the screen, or word painted, to tell the public how much better the health and appearance of the individual is who has had dental ser-

vices than the one who has not.

It would add interest; it would attract the young people and invite co-operation.

Surely every honest, progressive dentist desires the public good and seeks these ends in reaching the young people of the community, for they will be the leaders of tomorrow.

The subject of dental advertising, or publicity, if you please to name it that, is the biggest subject we have to deal with as a profession. Until very recently the only source of information open to the public, aside from what the dentist might say to the patient while in the chair, was what the newspaper contained in the way of paid advertising of the rankest kind from charlatans of the basest sort.

Many advertisers of today are of a different type from the fellow we think of when we refer to "the advertising dentist"; they are clean, honest men, whose integrity cannot be questioned and whose social standing in the community in which they live is of the very best.

They are men who look at the business side of dentistry in a different light from that

in which we view it. Yet they do honest work and get good results; they have caught a vision of the ever-increasing possibilities open to our profession and are forging ahead to secure their share of the patronage that will go somewhere.

And, after all, why not? We all recognize, and have for years, that there is not one-half the dentistry being done that there should be, and have all been working on one scheme or another to call the attention of the Boards of Education to the growing needs of dental inspection in the public and private schools as well as the eleemosynary institutions of our State.

We all agree that this would mean increased business, or clientage, if you like the term better.

Then why not change our methods somewhat and do some honest advertising, give the newspapers a dollar for a dollar's worth of space and sufficient brains to fill that space with an article that will make people sit up and take notice of the fact that they need our services and that they need them badly enough; that they will pay what it is worth to have their troubles eliminated or prevented, as the case may be?

P. T. Barnum once said: "If I had a proposition that was worth \$10.00, I would spend \$9.00 in advertising it." In other words, he would let the people know what he had; and that is just what we want to do: let the people know,

first, that they need dental work, and, second, that there are a lot of fellows that make a specialty of doing this kind of work.

We all feel sore, in a way, that we do not receive the recognition that is due to us as a profession; but let us see if we can find a reason for this neglect on the part of the public to recognize our ability. As I said before, the only publicity the dentist has had is that which appears in the public press, something like this: "Dr. U. B. Dam, Dentist; teeth cleaned free; extractions under laughing gas, 25 cents; set of our ever-stick teeth, \$5; gold fillings, 50 cents and up; examination FREE; all work guaranteed."

This does not elevate the profession; in fact, it causes the public to think of it as they did in the days when the barber and the blacksmith were also the family dentists.

This being true, they also place a very low value on his time, and if many of our patients did not have a very vague idea of the material from which the crowns, plates and fillings are made, we would hear much more about Dr. A. charging such enormous prices. You cannot curb the innate idea of business in the American that it is necessary to advertise.

We do it through the church bulletin, through our friend who reports for some newspaper, through the prayer meeting, our clubs etc., but view it as you will "everybody's doing it."

Now, there is a reason for all this; our code of ethics is obsolete, therefore we must find some way to get around this and take care of the business side of dentistry; hence, the many ways of advertising that are not advertising, at least in the eyes of the profession.

What we need is a broader and better but yet a conservative code of ethics.

We need more publicity under the strict supervision of the publicity committee of our State and local societies.

It would be the duty of this committee to send out leaflets and pamphlets, arrange for lectures and otherwise diffuse sound information, such as papers or parts of papers on Oral Hygiene and like subjects read before our societies.

In a recent letter from Dr. Homer C. Brown, ex-President of the National Society, he makes this remark: "I am heartily in sympathy with any and all dignified publicity in connection with our dental meetings and also with such publicity that will tend to better educate the public in matters of oral hygiene," etc.

It is hard to understand that the members of a profession must act as a unit and that the weakness of any one of the organized profession must reflect on all.

Hence, we should make an earnest effort to uplift general standards that all may benefit by it, and not let a few

share the best financial rewards and in some cases through devious channels of crooked publicity.

We should not hide our candles under an ethical bushel.

We knock the advertising dentist, but yet we profit by his publicity campaign, rotten though it may be.

Let's make an honest effort to get them to cut out the objectionable features and join us in a new code of ethics which will promote good will and the proper professional feeling among dentists and confidence in the public, who will then rely on the skill and honesty of their servants.

A noted monarch once said: "The health of the people is the supreme law." A sentence more wise than this was never spoken by human lips, for the idea here expressed lies at the very foundation of all material, intellectual and moral progress of a nation; and without it no true national greatness can ever be attained.

We should bestir ourselves in this State to get our Standards, ever higher, to the everlasting increase in prestige, self-respect, profit and satisfaction of the dental practitioner in whatever community he is found within the borders of this State.

Thus, and only thus, will the profession increase in dignity and material gain, and every worthy practitioner feel the new spirit.

## ORAL HYGIENE IN THE PUBLIC SCHOOLS

R. A. GRADDY, Superintendent of Watonga City Schools, Watonga, Okla.

The city schools of Watonga enjoy the reputation of being the best in the State. Mr. Graddy is not only progressive and original but exceedingly efficient; a man who believes that the training received in the public school largely determines the future man and woman. Did you ever hear of diphtheria breaking out in schools and the superintendent refusing to dismiss a single room on account of it? To the above attributes descriptive of Mr. Graddy, we must add that of courage. His knowledge of psychology and human nature was put into practical use when he called together the school board, physicians, druggists and dentists, well knowing that a man will agree to co-operate in a movement for the public good much more readily than if approached privately. Indeed, a man could not very well refuse to contribute his share in a manifestly noble work while in the presence of his fellow townsmen.

During our County Institute, last summer, Dr. L. C. Mitchell of Oklahoma City, lectured to our teachers on the subject of oral hygiene. Our school board was so impressed with the importance of the movement that they extended an earnest invitation to Dr. Mitchell to return in the fall and lecture to all of the schools in the city. This plan was carried out and the practical work of instituting the "tooth brush drill" was started.

I called a formal meeting of the school board, the druggists, the physicians and the dentists to which meeting I briefly but fully outlined a plan which they considered feasible and which was unanimously adopted. The plan submitted called for the following which all agreed to. The druggists to furnish a tooth brush and tube of paste for twenty-five cents, provided the same were to be used in the "tooth brush drill." The dentists agreed to treat the teeth of

any child free of charge provided their parents were financially unable to pay for same. The physicians agreed to treat all throat troubles in the same manner.

The school carpenter was instructed to construct a covered box for each room, each box having sixty holes in the lid the name of each child being placed immediately under the holes. Every morning the children would file past this box to take their brush and with their individual cups file out into the yard, their teachers standing before them with a brush and cup of water superintending and leading the "tooth brush drill." The children then file back, replace their brushes in the box in their proper places, handles first. They are then allowed to dry in the sun. These boxes are then placed in a large cabinet made expressly for them. The cabinet is tightly closed and the brushes fumigated with

a disinfectant which kills all germ life which has escaped the sunlight. The accompanying sketches describe how these boxes are made. The large cabinet is 62"x20"x33" deep, and holds 12 class room boxes.

It is too early at this time to note any decisive good except in the case of diphtheria which broke out in one room. Not one of the pupils who were exposed contracted the disease and contrary to custom we did not dismiss a single room but held closely and vigorously to the "tooth brush drill."

The Watonga school system is not over supplied with teachers yet not one of the corps has complained of

over work on account of this oral hygiene work. On the contrary, every one grows daily more anxious and enthusiastic about the good it is working for the children. None of the regular branches are in any way neglected, yet I dare say that it is of vastly more importance than some of the branches now incorporated in our school system.

The superintendent of this county is enthusiastically urging the teachers of all the schools of the county to vigorously prosecute the "tooth brush drills" in their schools. This is being done generally.

We are all anxiously awaiting results which I will be glad to report on later.

## DENTISTRY IN PENAL INSTITUTIONS

H. B. MITCHELL, D.D.S., Elmira, N. Y.

The author for a number of years has been connected with the Elmira Reformatory (Elmira, N. Y.). He speaks from a ripe experience in observation of dental conditions in penal institutions.

In nearly every dental journal there is an article on the crying need of dental work among school children, but I have failed to see many articles as to the need of a dentist in State Institutions whether prison, reform school, or insane hospital. A child sent to school is given a thorough examination by a physician who recommends to the parents remedies which are needed to right the defects which may have been caused by adenoids, enlarged

tonsils, eye strain, poor teeth, etc. The parents try to have these defects corrected if they have any means, or if not, they apply for relief at a free dispensary or hospital and are given help. How about a man or woman, boy or girl who commits a crime or becomes insane and the State or local authorities takes a hand? He or she is locked away from society with a view to correcting mental or moral defects.

Col. Joseph F. Scott when



at the head of New York State Prisons said, "Unsound bodies foster crime." He believed that drunkenness and crime are diseases, and should be treated as such. He felt that special attention should be given to the health of prisoners and that specialists should be employed to care for them. It has been conclusively proven by criminologists that his ideas were correct. Now, then, what is done and what should be done in this direction?

In prisons and reformatories a boy is subjected to a thorough physical examination. If eyes are defective, glasses are furnished, those with tuberculous tendencies are separated from the others and special food and treatment are prescribed. If other ailment is discovered, it is given attention in the hospital. If weak and in need of general building up, then a course in the gymnasium is prescribed. All this is done for the physical well being, but the most important part, the mouth, is merely glanced at and recorded on the examination chart as "Teeth good, fair or bad." The physician advises the removal of roots and aching teeth and the gateway to health is not considered again. The physician does what he can to get the man in the best physical condition, but how does the State expect to correct the defects that help to make the criminal without starting at the most important part, his

mouth. To be sure, the extraction of a few roots or badly decayed molars will help a little, but if he cannot masticate his food, how can he digest and assimilate it? If he cannot do that, how much good does the food do him other than keep him alive? It surely is not helping to build him up.

We must take into consideration the food these people get, for while it is clean and wholesome, yet it needs thorough masticating. In some institutions men are allowed to write to their people for the funds to repair their teeth, but usually those who receive the money are not those who need the most attention. Suppose a lad who has cared for his teeth is in "hard luck," as they say, and finds himself in an institution. His people are displeased with him because he has disgraced them. As there is no dentist, if a tooth decays so far that it aches, is there no help for him but extraction? Not many can go for a year without consulting a dentist, and very few are sent to prison for a year, but for longer. Of course there is the same educational side as we find in regular practice. Many have neglected their teeth, but when the dentist or the physician has extracted two or three teeth for a boy, the educational movement has started, for he begins to inquire as to the fate of the others having cavities. The question comes,



"May I have them filled"? "Yes, if you have the money". If not, in time they must go as the others. If the boy has no one from whom to ask aid, he at once becomes discouraged and does not see why the State if interested in improving him physically, is not willing to give his teeth some care. The Italians and the Hebrews like a display of gold, and they are most likely to secure aid from home, while the colored boy can as a rule obtain but little from the outside. The majority of prisoners will endure any amount of discomfort if they can have their teeth saved.

After a careful study of the subject I have come to the conclusion that all State institutions should have a resident dentist who is competent in every respect to give the very best service, and there should also be an equipment that is up to date. Every new arrival should be examined, a chart made of all work necessary to be done and also of work which has previously been done, and this chart be made a part of his regular physical examination chart. All roots and teeth that cannot be saved should be extracted at once and as early as possible the other work completed. There should be better facilities for keeping the teeth clean, a good brush and some prepared chalk provided. After six months another examination should be made.

To sum up I will quote from a letter from Dr. Frank L. Christian, Assistant Superintendent of the New York State Reformatory at Elmira, N. Y., and one of the best known criminologists in the country: "Our examination of some fifteen thousand (15,000) delinquents who have been committed here show that sixty-three per cent. (63%) have poor teeth. These examinations also indicate that these lads are also physically inferior in other respects, in that they have poor eyesight, defective hearing, tuberculosis, and other pathologic conditions, all of which should be corrected. In order to obtain the best results and to give them an opportunity to become law-abiding citizens, it is essential that they be given every opportunity to become as normal physically as is possible. To carry this into effect it would be necessary to have their teeth put in the best possible condition. In fact, their mouths should have the same attention that the citizen in private life would expect to receive from his dentist. Some institutions at present employ a resident dentist, and this work will never be done effectively until all institutions which have a population of five hundred or more have a permanent resident dentist who shall give his undivided professional service to the care of the State's wards."

## EMETINE—A CURE FOR PYORRHEA

ALFRED S. BURDICK, M.D.

Editor The American Journal of Clinical Medicine, Chicago, Ill.

For many years, ipecacuanha has been used sporadically in treating severe forms of tropical dysentery, now known to be caused by an ameba—technically, the *Entamoeba histolytica*. Many times, it is true, the remedy failed. Furthermore, it was exceedingly difficult to persuade patients to swallow the ipecac in the dosage necessary because of the awful nausea which it produced. From 30 to 60 grains were required to secure the effects desired, and as the first dose very frequently was vomited at once, and several doses might not cure, it is easy to understand why this remedy gradually fell into disrepute.

In 1912, Dr. Leonard Rogers, of Calcutta, an officer in the Indian Medical Service, made an interesting discovery that the principal alkaloid of ipecac, emetine, would cure these cases of amebic dysentery. In 1911, Captain Vedder, of the U. S. Army, had demonstrated that the alkaloid emetine, in 1:100,000 dilution, would destroy the amebas in the test tube. It was only a step further to demonstrate, as Rogers succeeded in doing, that emetine, or rather, its soluble salt, emetine hydrochloride, would actually destroy the amebas in the human body.

Upon putting his theory to the test, he made the pleasing discovery that when this alkaloidal salt was administered subcutaneously, it not only acted as a specific in curing the dysentery, but could be given without producing nausea, vomiting, weakness, depression, or other unfavorable symptoms.

As a result of Rogers' work, emetine hydrochloride is now accepted as a specific in amebic, or tropical dysentery, and is so used in all parts of the world. Properly given, in sufficient dosage, it is known to be absolutely curative in the vast majority of cases of this serious disease.

Now what has all this to do with the treatment of pyorrhea? I will explain. In June, 1914, Dr. M. T. Barrett, of the Dental Department of the University of Pennsylvania, at a meeting of the Pennsylvania State Dental Society, working in collaboration with Dr. Allen J. Smith, of the Department of Pathology of the University, announced the discovery of an ameba in the gums and pericemental tissue of 46 persons suffering from pyorrhea in various degrees of severity (see *Dental Cosmos*, August, 1914). The accuracy of the findings of these gentlemen has

since been verified by investigations made by Bass and Johns, of the Tulane (New Orleans) College of Medicine. These gentlemen report the finding of these amebas (now identified as the *Entamoeba bussalis*) in the lesions of more than 130 patients suffering from pyorrhea alveolaris (Riggs' disease) in stages varying from the earliest to the latest.

Now if pyorrhea is produced by the presence of an ameba, then it is a fair inference that the remedy which destroys the amebas in the blood of patients suffering from tropical dysentery should also prove effective in cases of pyorrhea. Working upon this hypothesis Barrett began the administration of the drug to patients affected with Riggs' disease. In his early work he used the drug locally only. At first a one percent solution of emetine hydrochloride was injected into the pockets around the diseased teeth, but this seemed to produce a transient irritation of the gums, so that the solution subsequently employed by him was one of  $\frac{1}{2}$  percent strength only. In using it the needle was pushed down into the gingival pockets, the point passing slightly into the surrounding tissue walls, and the cavity being filled with the solution as the needle was withdrawn.

Barrett treated 13 individuals with emetine in the

manner described. In several of these, the pus disappeared completely to gross inspection within 24 hours after the applications were made, and, in every one of the 13 cases, this result was obtained after three daily applications. At the same time the tissues took on a more healthy appearance, the teeth became firmer and the gums settled down more tightly about the roots of the teeth. In none of Barrett's cases were amebas found present in the mouth after the second or third treatment with emetine. In every instance, apparently, complete cure was obtained after five or six local treatments.

Working with the same remedy, Bass and Johns obtained even more striking results, although in their cases the drug (emetine hydrochloride) was given hypodermatically. Bass says, in the *South Texas Medical Record* for October.

"In more than 100 cases treated we have found amebae constantly absent from the lesions in all except two cases after the patient has been given  $\frac{1}{2}$  grain emetine hydrochloride hypodermically daily for three successive days. The tendency to bleed stops in 24 to 48 hours, and where only the soft tissue is involved, the red, inflamed gums often appear practically normal in from three to ten days—apparently as quickly as nature can heal them. Where the

bony structure is involved and the teeth are loose, there is also rapid improvement and relief from soreness and pain. The pus decreases and loose teeth often get firmer in a few days, but it must be remembered that in most cases where the disease has extended thus far the periodontal membrane is destroyed to a great extent, often almost to the end of the root. Nature cannot grow new periodontal membrane and retraction must therefore take place to the level of the living membrane. The healing process can be very much hastened by dental treatment, such as scaling, scraping, cleaning, and removing overhanging tissue. It must not be expected that removal of the specific cause and the best dental treatment can save teeth denuded of periodontal membrane to the very end of the root and hanging in a supporting cavity or tooth socket."

In order to maintain the action of the drug and to insure a quick cure in curable cases, Doctor Bass recommends continuing the subcutaneous administration of the emetine hydrochloride every four to seven days after the three initial treatments. The length of time necessary to secure a complete cure will, of course, vary according to the severity of the case. In some instances only a few days' treatment seems necessary, but in

others he suggests the advisability of continuing treatment for some months, together with the local dental treatment already indicated. He says:

"The length of time necessary will no doubt depend upon many factors. Healing and repair of diseased bone is always slow. Whenever the disease involves only the gum, and has not reached the bone (alveolar structure) it is our impression from observations so far made, that probably the length of time necessary for the gum to heal will not exceed a week. We have observed great change in forty-eight hours, and gums that bleed easily often become perfectly normal in this regard in from twenty-four to seventy-two hours. The results are so striking that there is no doubt in the mind of the doctor or the patient."

Bass practically verifies the findings of Barrett and Smith with regard to the disappearance of the amebas from the lesions after emetine treatment. He says (see *New Orleans Medical and Surgical Journal*, November, 1914):

"As to the duration of the absence of demonstrable amebae following the three (or less) doses of emetine, our studies have not been conducted long enough to determine. In one instance we found amebae on the fourth day after the last emetine had been given. In another instance we found

them on the sixth day. In several instances none could be found after seven days or longer intermission of treatment. On account of the wide distribution of this ameba in nature and the character of the lesions of disease, we do not think it very likely that bad cases of pyorrhea alveolaris will be permanently disinfected by a few doses of emetine given during a few days. The chances of reinfection are so great and the damaged gum, alveolar and tooth structure offer such favorable soil, that it must surely be necessary to continue the specific treatment until Nature has had time to fully heal the disease."

As a means of prophylaxis, as well as to insure more rapid relief, and to prevent reinfection after cure has been attained, Bass says that it is desirable to use the local treatment with an emetine solution as advised by Barrett. He writes:

"It is quite likely that the injection of a weak solution of emetine, one-half percent, as used by Barrett, into such lesions as can be reached by it, will be found to favor success from the hypodermic treatment with emetine."

The writer of this article personally knows of a considerable number of cases of pyorrhea which have been treated by dentists with emetine in the manner advised above. The results in

every case have been favorable, and in some of the cases so brilliant as to seem almost wonderful. It is because of his faith in this remedy, of which he has made a careful personal study, that he has ventured to bring it to the attention of readers of Oral Hygiene.

There can be little doubt that emetine is as specific in the treatment of pyorrhea as quinine is in the treatment of malaria. Of course it will not replace teeth that are lost, or build up atrophied gingival tissue. No doubt, with a larger experience the technic of the treatment will be greatly improved.

At the present time, judging from the reports which have reached me, the best routine treatment is as follows:

1. Inject subcutaneously every day for three days, as advised by Bass,  $\frac{1}{2}$  grain of emetine hydrochloride, in aqueous solution. This dosage is now obtainable in ampules ready for administration. Following the three primary injections, give a hypodermic ( $\frac{1}{2}$  grain) every four to seven days for at least a month, and as much longer as the local condition may warrant.

2. The dentist should inject into the gingival sacs, two or three times a week,  $\frac{1}{2}$  percent solution of emetine hydrochloride. The same solution may be used by the patient at home, and may be conveniently applied

with a pledget of cotton on a toothpick, the solution being well rubbed into the diseased tissues. The teeth of course should be carefully cleaned daily in the usual manner. The patient should be provided with the emetine solution after apparent cure, and he should be directed to use it himself to prevent recurrences.

3. The appropriate dental treatment, of cleaning, scraping, or scaling, together with applications of iodine or other antiseptics,

as usually advised, is indicated in severe cases. Such treatment will hasten the cure—a cure which otherwise might be delayed.

4. Emetine, while powerfully amebicidal, is probably not antiseptic, and inasmuch as there is a probability of mixed infection in severe cases, it may be, and probably often will be desirable to associate the emetine treatment with the use of mild bactericidal agents locally.

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## THE PURCHASE PRICE

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E. F. IZIN, D.D.S., Alliance, Ohio

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We read much these days concerning the oral hygiene movement; also the multitude of ways of making it a stern reality in every State in the Union. Be it understood, that I speak not with a spirit of disparagement toward any of its accomplishments thus far gained; but methinks one of its greatest attributes has been side-tracked, namely, *unity*. Did it ever occur to you the power and influence wielded by the Roman Catholic Church? Why? Because of its unity of purpose. From the Pope in Rome down to the most humble priest its destinies are guided, in substantially one and the same manner; hence, its results. If we are to become the potent factor in the cause we so nobly aspire, then I maintain that our defense

must be built on that impregnable rock called *unity*. We must build closely, and with the same material, if it would stand, in the fullest sense, for all that it implies.

If the oral hygiene committee of the National Dental Association were the fountain head, in the truest sense of the word, and all of its branches subservient thereto, then would we be a *rapidly moving force* in the speedy extermination of the innumerable oral cell-pools extant today. To the mind of doctor, lawyer, teacher and preacher, there can be no doubt of the appalling numbers that have fallen from the ranks, directly or indirectly, as the result of oral conditions. This being true, every State Legislature in the Union should *speedily* be

brought face to face with the question that has one *grand solution* in the cause of the poor and the oppressed. If conversation be the ruling policy, then the oral hygiene question can no longer be ignored. The Government spends annually huge sums to conserve hog, horse, and other kindred animals. *Are these greater than we?* Yet if some men were the criterion, the commercial value of man would indeed be low. To my mind, when Dr. William Osler said that caries caused more physical deterioration than alcohol, he spoke as one who doubtless was alive to the human issue of the day.

The Honorable Judson Harmon once said, and justly so, "There is no decivilizing agency like want: it soon destroys the innocence of children, the chastity of women, the honesty, loyalty and self-respect of men. When the law-makers legislate in the interest of the *masses* and not the *classes*, then will the noon-day sun shine forth upon a movement, destined to be surpassed by nothing of a mundane nature. For centuries colleges have trained persons to live by the sorrows and hopes of many men and women. Doctors live by their ills, lawyers by their troubles, teachers by their ignorance. It has been said, and perhaps justly so, that "God's mills grind slow."

We read much these days concerning the philanthropic efforts of many, also of the

munificent sums expended for the upbuilding and maintaining of public libraries and kindred institutions; yet, day by day and year by year the proletarian plods on in the speedy onward flight, broken in body and in spirit, and in reality is only waiting till the twilight shadows shall have lengthened into eternal night. Every child has the *sacred* and *inalienable* right to be born free from disease, and kept thus, in so far as our best efforts will permit. Any deviation therefrom is but a *stigma* upon this, the twentieth century civilization, over which we so freely gloat.

This oral hygiene movement is manifestly one that is second to *nothing*, and in lieu of the foregoing, should *speedily* occupy the place it so *justly* deserves. If the heads of the oral movement wielded their power, as does the Roman Church, then would we see the hand-writing on the wall. Then could we continue in this life's walk with the feeling of assurance of having reaped of the golden chalice of reward.

The unsuspecting public have all too long paid the purchase price for our lethargy. Socrates, a man living away ahead of his time was doubtless cognizant of the fact, that many of the ills we bear should not be condoned or forgotten, and therefore, so aptly said: "It is strange that you should not be angry when you meet a man with an ill-conditioned body, and yet



be vexed when you encounter one with an ill-conditioned soul." From the most stupendous commercial enterprise, down to the most mediocre, efficiency seems to be its watchword. And from the most renowned surgeon, doctor, lawyer and teacher, down to the least of these, competency seems their guide. In this age of efficiency, efficient men must ever be at the helm. Just how those, whose start in life was ten minutes late, can continue in this running, I utterly fail to see. The annual financial loss, laid directly to the door of the oral death trap must indeed be appalling, to say nothing of the physical, mental and moral. The crimes perpetrated upon society by these death traps are known to most of us, and consequently can no longer hide within the confines of the unknown.

In the Holy Writ we read that "man was made a little lower than the angels." This being true, the inexorable law of self-preservation cannot appease the troubled conscience of man until *all* the elements entering into its very being shall have been conquered. Then, and then only, can it be looked upon, with the microscopic eye, as the matchless and unimpeachable exemplar of justice.

To have a mass of population rapidly approaching one-half of the whole, in such a state of dependence and uncertainty as to its very exist-

ence, that its highest call to patriotic duty is a full dinner pail, is to have no democracy at all. For centuries colleges and schools have trained men and women into a fuller knowledge of the deeds of *war* and *war heroes*, whose policies are ever *destructive*. On the other hand, these same colleges and schools have been *woefully negligent* of the inculcation of a principle, that can be none other than *constructive*, of a principle destined to be of incalculable value, not only to the traveler of today, but to those who in their turn shall follow us; of a principle that in time to come *must* and *will* stand with the Rock of Ages; and lastly, a principle that knows no malice or revenge.

Inasmuch as we are but guests and strangers here upon earth, I can think of no nobler work, no greater ideal, no loftier aspiration nor a grander service than that of being a *united* and *concerted* force, in the speedy consummation of a plan that could and will emancipate a seething mass of humanity from many of the oral and physical ills they bear; of a plan that would so soothe the troubled ears of its beneficiaries, even as the noonday chimes of the cathedral, and lastly a plan destined to live unto the day of eternity. "Not enjoyment and not sorrow is our destined end or way, but to act that each tomorrow finds us farther than today."



## A LETTER FROM DR. ERNST JESSEN

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Strassburg, Germany

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The following interesting letter has been received by the editor in reply to a communication asking as to how the dental clinics in the German schools were affected by the war conditions. Dr. Jessen is president of the International Commission for Mouth Hygiene and has been actively employed in managing the free school dental clinics at Strassburg which have been in operation for a quarter of a century.

I beg to extend to you my best thanks for your kind letter of October 21st, and think you in America must have a very correct impression of existing conditions in Germany.

The fight for existence that we now find ourselves engaged in, has to an extent, altered social life, but still it has not been pushed from its beaten track and through the healthy conditions of our inner life and the conviction of our eventual success, thanks to the bravery of our sons fighting outside of our frontiers, life here pursues the even tenor of its way.

You expressed a desire to learn of the effect of the war on the public dental hygiene. Here we must draw a difference between care of the teeth of children in the clinics and the care of the military. Of course in the interior of our country, the care of the teeth in schools has not changed at all. But with us on the frontiers of Strassburg, which remains in the active fields of military operations, it is a natural sequence that the school work should give way to the military needs. We have placed our school

clinics entirely at the disposal of the army and there are now at work seven military dentists with nine dental technicians. Every day there are some two hundred soldiers treated, since the beginning of hostilities a total of twelve thousand have been taken care of. About ten thousand extractions took place and among this number treated, we consider this a small average. When we find it impracticable to extend conservative treatment, extraction has been resorted to and five thousand sets of artificial teeth have been provided. Adjoining the dental station we provided a medical station to care for wounds of the jaws and face. Here there are five dentists and four technicians. A correct number of the dentists now active in the field can be found in the weekly German dental review in number forty-six. The number now amounts to 810.

After proclamation of peace I shall be glad to submit to you a detailed dental report of the war which would cover mouth hygiene, but in the meantime, I would be pleased to receive your favors.

## EFFICIENCY AS A HABIT

KING S. PERRY, D.D.S., Pittsburgh, Pa.

That the first class man can do, in most cases, from two to four times as much as is done on the average, is known to but few and is fully realized by those only who have made a thorough and scientific study of the possibilities of men, so says Mr. F. W. Taylor, author of "The Principles of Scientific Management." Along this line Mr. E. A. Deeds, Vice-President of the National Cash Register Company, gave utterance to the following pertinent thought: "It is not the fellow who is jumping up and down all the time who produces the best results. It is the fellow who keeps his human machine in good shape, using his brain and doing some good consistent thinking. Just in proportion as we get ourselves trained into habits of right thinking and the forming of habits of accuracy, habits of sincerity, habits of honesty, just so much have we got out of our will power, leaving us free to do bigger things that our brain ought to be doing. Old thoughts are easy, because they go through the same channel, but new thoughts are hard.

"You know we sometimes get the wrong conception; that the way of increased efficiency is to speed up and go a whole lot faster, but really, increased efficiency is going to be the careful,

thoughtful, systematic working out of these things and the avoidance of waste. The last fifty years was given to the improvement of machinery, the next fifty years must be given to the human machine."

We must realize that the human body is nothing more or less than a machine, a high-grade machine. It is run simply by combustion. You take fuel in here, and you take oxygen in through the lungs to produce combustion, and we have the gauges, that control the heat, and the body is kept running along smoothly and easily as long as we run it in the way Nature intended it to run. We think sometimes that we know better than Nature, and we ignore the gauges, and we think we can run it better than Nature, and then we play havoc with lots of parts. A successful engineer knows that he must have the proper kind of fuel, proper passage for air, and that his engine must not become clogged with ash and cinders, in order that he may keep a well-regulated steam pressure. We frequently ignore the necessary precautions and instructions in running the human machine, and we try to run it our way, and we have disastrous results sometimes. When we ignore requirements as to

the fuel and the proper discharge of excretion, and so forth, the machine keeps on running, but it is a high-grade machine, and susceptible to greater wear and tear under trying conditions. A knowledge of how to run the human body increases human efficiency.

Some corporations spend as much as one hundred thousand dollars each year on teaching their employees how to run this human machine. Some of them have actually experienced that to reduce the hours of work and increase the amount of pay they double and treble the output of their factory. They have worked at it. They are doing that right now.

One of the requisites in the way of fuel for this high-grade machine is fresh air. You must have plenty of fresh air if the human machine runs properly.

We run it at high pressure and give it as little time to recuperate as possible, and as little air as we can get along with. This would suggest open-air porches,—every one of my friends that have tried them, go daffy over them. Try it, and you will have no more headache or the tired feeling. Fresh air is a good thing, a great germ destroyer and health producer.

The classic work of Koch and others has left nothing to be desired as to the knowledge of the life history of this world-wide disease

producer, the tubercle bacillus. The practical or working knowledge of the tubercle bacillus comprises comparatively few facts. The germ which produces human tuberculosis rarely grows outside of the human body. It has no power of motion. When dried and blown around as dust, it dies in a few days.

When mixed with sputum and left in a dark cool place, it may remain alive for several months. It does not multiply in such a place, but waits for lodgement in a warm, living human being. The vapor arising from liquids does not carry germs with it. The bacillus may grow in almost any part of the human anatomy, but most frequently finds lodgement in the lungs. It grows slowly, and in the beginning its effect is so mild that its presence is not generally suspected. When we remember the precariousness of the existence of this organism and the ease with which it is killed and the narrow limits of its existence, its control should not be difficult. In addition to the above we must bear in mind the natural resistance of the average human machine when properly cared for by twentieth century sanitary methods. It is only by long continued ignorance, together with the disregard of ordinary precautions, that the disease has become so prevalent. It is evident to anyone that if all people

who are infected with this germ would observe thoroughly a few precautions, the disease would cease to exist within a few years. As practitioners of a specialty in medicine, it is the duty of every dentist to acquaint himself with the facts and to so conduct himself in his professional work that he can be sure he is not acting as an intermediate carrier of the disease, in the lack of care of his office and instruments, as well as of his person. As it is a well recognized fact that prophylaxis is of first consideration, he should go further and co-operate with measures for the protection of humanity at large. In fact, every patient coming into his office should be regarded as a suspect. The germ escapes from the mouth only by talking, spitting, sneezing, coughing, or when removed by actual contact, and is not conveyed by the breath as many suppose.

Speaking of coöperation, I will quote an editorial from the New York Medical Journal of March 21, 1914, "Teeth and Health," as follows: "In a recent number of the American Journal of Medical Sciences, Carnac called attention to the importance of a more intimate coöperation between the physician and the dentist. There is little doubt that for many years the medical profession has assumed a somewhat superior position and has refused to recognize the

bearing that dental disturbances have upon the general health.

"Anyone who takes the trouble to examine, even casually, the oral cavities of his patients will be astonished at the condition of the teeth. Although American soldiers have excited favorable comment on account of the tooth brush being so much in evidence, yet the care of the mouth is neglected sadly by the community. So many teeth are gone that the proper mastication of food becomes impossible, and the individual is commonly under weight and anemic. In addition to this loss of mechanical value, there is the presence of the necrotic conditions that lead to the destruction of the teeth. It may be called Rigg's disease, *pyorrhœa alveolaris*, dental abscess, dental sepsis, etc., but the important point in common is the presence of pus in greater or less amount. If, as is not infrequent, two or three drams of pus containing virulent streptococci are secreted and swallowed every day, there must occur some disturbance of digestion. But there is an even more serious and dangerous possibility, that of localized collections of pus, which cannot escape and may therefore give rise to systemic infections, such as arthritis and endocarditis. Such a purulent condition anywhere else than around the teeth would be attacked most vigorously.

No physician would permit an infected finger nail to go untreated, yet the same man will calmly disregard a suppurating tooth and wonder why his treatment is not successful. Carnac believes that consultations of the internist with the dentist are as necessary as those with the surgeon, a belief that is indeed warranted by facts." So much from the physician's standpoint as to the need of care of the mouth and its influence on health.

This proves the need of the hospitals' giving us a place on the staff. If they do, the dentist will take it and render faithful service.

Charles D. Hillis, formerly private secretary to Ex-President Taft but now President of the New York Juvenile Asylum at Dobbs Ferry made public a discovery during the present month. He declares that by patching up the teeth of delinquent boys he is able to send them back to their homes 90 per cent. good, instead of 90 per cent. bad.

"Acting upon the premise that the bad boy is generally an ill boy, we determined to maintain a thorough physical study of all boys sent to us, all of whom are under 15 years of age. Sixty-five per cent. of them were anemic. Then we sought for the physical cause of the anemic condition. We found that more than 90 per cent. of the boys came to us with bad teeth. They were drag-

ged down in a physical manner and really through no fault of their own, became physical degenerates and normal delinquents." In conclusion he says, "We have been able to trace, at least to our own satisfaction, most of the troubles from which the boys suffer to their mouth. In other words, their teeth were bad and the dentist has been their up-builder." Hillis evidently thinks he has discovered something new, but the dentist proved the economic value of a clean mouth several years ago. In New York City 40,000 school children examined; those with two or more bad teeth averaged five months behind the grades that they should occupy, and would occupy were their teeth sound. Adenoids were responsible for lagging, to the extent of eleven months. Recent examination of the teeth of school children in many parts of the whole world shows that about 96 in every 100 children have diseased teeth.

So great is the effect of cleanliness upon man that it extends even to his moral character. Virtue never dwelt long with filth; nor do I believe there ever was a person scrupulously attentive to cleanliness who was a consummate villain.

"The medical and dental professions must, if it is ever done, regenerate the world.

Descrates said two hundred years ago, that if man is ever lifted to a higher degree of intelligence and the superman brought into existence, it must be through medicine—and that, of course, includes dentistry. There should be no abnormal condition in anybody, poor or rich, which skill can relieve, allowed to go unrelieved. A government which does not use every effort to elevate its citizens to the highest intellectual standing, is a government that is not doing its duty. The people of this country are beginning to realize that man has his physical, mental and moral being. First of all he is an animal—a sound animal; and there is no moral development unless there is mentality back of it. Talk about conscience being a guide! Were not the thumbscrews of the Inquisition turned on in the belief that the inquisitors were serving God? It is intelligence that we want!—and we want the medical and dental professions to move ahead and point out the way by means of which the superman—because he is coming—can be brought into existence. And there is only one way in which it can be done, and that is by the kind of scientific research studies set forth here tonight. If this be the kind of work that the dental profession of our country is going to do, for Heaven's sake let them have every opportunity—all the money, all

the material, everything they want. The nation can make no better investment." This was the thought expressed by Prof. Victor S. Vaughan, President American Medical Association.

To be ultra successful is to be magnetic and impressive in your every word and deed—personal magnetism is the master key. If you haven't it, then acquire it by proper attention to personal appearance, speech, will power, words, mannerism, self-conquest, physical energy, confidence, initiative, courtesy, optimism, power of suggestion etc. No matter how large one's business grows it is always an expression of personal force.

One of the requirements we must not forget is health. The man in business, the salesman, of all people, should be healthy. He should be so healthy that it should radiate from the atmosphere about him. Health is natural, and so long as we obey Nature's laws we will be healthy. It has been well expressed thus: "We are given health during good behavior." The prediction can be made that the day is not far distant when our department stores and other business houses where the clerks come in contact with customers, will provide either by pamphlet, lecture or by furnishing free prophylaxis the necessary means for insuring a healthy condition of their employees' mouths, and it will certainly more

than repay them for the time and money expended. We know that when a clerk with poorly kept teeth, shining crowns, and bad breath waits on us, it makes a difference. It also makes for a sale, if the clerk has a pretty, well-kept mouth. How often do we see people who are the victims of dental parlors where their teeth are fitted with golden trappings which shine out as the headlights on an automobile.

The same condition prevails at our educational institutions situated in our cities. Not only owing to their ignorance of their mouth conditions, but also the great loss of time for the necessary dental attention, they delay until too late.

Gentlemen, I bring to you a plea for the recognition of a branch of the healing art, whose highest aim is to preserve the health and integrity of the portal of the digestive tract.

I will introduce this phase of my subject by the statement which I believe will be generally accepted by the dental profession, that nearly all our dental operations are necessitated by unclean and infected mouths, and I might add, many of those surgical operations which humanity is called upon to undergo.

Then is it not strange that we, as dentists, have failed to keep those mouths clean? Is it not strange that we have treated this abscess, filled this tooth, operated for

disease of the gums, but still think it beneath us to clean the mouth and keep it thus, so as to prevent these operations? I know there are many of you who will say, that you have been having your teeth cleaned all your lives, and still have decay. I am going to make two statements which will embody the thought of this paper in a nut shell, and which is the thought I wish to drive home: First—A clean tooth will not decay; second thought of paramount importance and stated without fear of contradiction by anyone who will give the subject due consideration, a healthy mouth means absolute cleanliness.

Tooth decay is from without and caused by constant contact with infectious material. To cure is the voice of the past; to prevent is the divine whisper of today.

No so-called special field taught in the medical colleges by specialists can show so great a bearing on infections involving the health of the community as dentistry. That the physician is ignorant of the large number of severe diseases arising from bad dentistry is well illustrated by the fact that so many cases of this kind are found in the mouth of physicians themselves. With our present knowledge there is no excuse for this condition. Scientific dentistry gives results such as to leave behind septic infection as next to impossible. Scientific den-



tistry not only increases the comforts of the individual, but operates as a material factor in earning capacity, economics and longevity of those fortunate enough to secure such services.

In conclusion let me give you a "Fifty Thousand Dollar Toothache," as given by Herbert Kaufman:

A great corporation recently sent its star representative to close an important deal. Possessed of unique facilities and endorsed by a successful career, every advantage lay with this company. The man chosen to represent them was competent, resourceful, familiar with all the intricate details of his line, possessed of a pleasing personality and the power of conviction. His habits were orderly, he neither drank nor gambled, and could be relied upon in any emergency, but a toothache undoubtedly lost his principals a profit of \$50,000.

The tooth began to bother him the day of his departure—it became ulcerated on the train, and he spent an entire night without sleep and in nerve-racking agony.

Arrived at his destination, he was utterly unfit for work and in a dulled, distracted frame of mind, attempted to transact business. He could not concentrate his attention upon his duties, his selling talk was rambling and listless, he lacked force and magnetism and made such a poor case for himself that a

competitor, who under normal conditions would have been distinctly his inferior, succeeded in closing the contract.

Year by year we are learning how essential is physical perfection, not only to personal welfare but to trade and the professions as well.

The physician who doesn't guard his own health cannot bear up under the demands of a heavy practice—the surgeon who is not in the pink of condition lacks readiness and steadiness in crucial operations—the employee at the mercy of bad teeth, no matter what his skill, knowledge and capability, cannot be relied upon—the lawyer who shows no discretion in his selection of food is fair prey to the irritation of indigestion during his most important trials.

The hour is not far distant when employers in estimating a man's fitness for responsibility will take sharp account of his body as well as his brains.

Flawed timbers are not safe.

Sometime, amid the ruins of an ancient land, a temple will be unearthed sacred to Success, and high over the altar, hewn into the living rock, these lines: "I exist only in Man—I am Human Will. I can aid not those who seek help, but them who disdain to ask it. All who doubt themselves destroy me; they who believe, achieve."



## -:- EDITORIAL -:-

WM. W. BELCHER, D.D.S., EDITOR  
186 Alexander Street, Rochester, N. Y.

**ORAL HYGIENE** does not publish Society Announcements, Obituaries, Personals, or Book Reviews. This policy is made necessary by the limited size and wide circulation of the magazine. :: :: ::

### A PROFESSIONAL DISGRACE

Do you use modeling composition in your practice? It is a mighty fine material and employed to its highest efficiency, as demonstrated by Dr. Wm. A. Giffen, of Detroit, in the moving picture film shown at the recent meeting of the National Dental Association, will produce results as no other. The material comes in a closely sealed box, tissue paper between each portion, and I take it for granted the manufacturer has used ordinary care in preparing it in an antiseptic manner. You soften the composition and take the impression, pour the plaster and in due time remove the model. Up to this time we are all right but the next scene is more painful—entrance of the Villain.

Do you carefully cleanse the impression tray, sterilize and return to its place in readiness for the next patient? Also do you employ this material once and throw it away or do you use it over and over again? It is impossible to properly sterilize and thus goes from one patient's mouth to another, filled with mouth garbage, small pieces of plaster and fifty-seven different varieties of germs. For a profession to preach mouth hygiene, sanitation, antiseptic office equipment and continue such practice is a disgrace. There is no use saying such things are not so; every manufacturer, every dental dealer knows it to be true.

One of the most popular brands on the market is sold in three grades, making it possible to add the lower heat product to the old material to renew its usefulness. I note an advertisement as follows: "Don't order 'Seven pounds of compo' but specify for H—— brand impression composition which will last you twice as long as seven pounds of ordinary composition and cost you just half the price." Just think, what a lot of respect the dental dealer must have for the profession when he sells you a white enameled cabinet, an up-to-date anti-

septic outfit including a sterilizer, and supplies you with three pounds of composition that will outlast another. The material is cheap enough and I think the reason of this practice is not economy, but as expressed by one practitioner, "the more it is used, the smoother it works." Would you want an impression taken of your own mouth with this "smooth working," much used material? Would you use it in your wife's mouth or anyone you thought a lot of? Not much; a new box and a fresh supply for the family!

The use of the material in the modern method of taking impressions, with the mouth closed, employs a minimum amount and it is very difficult to remove from the impression tray, but this does not mean that it cannot be used over and over again. During my student days I was in the office of a man who let the composition remain in the impression tray and when wanted, it was softened by dry heat and used again and again, without even the decency of hot water to give it a superficial cleansing. Ordinarily it was prepared in secrecy and not in sight of the patient, but one day a prominent attorney came in the work room and talked to the doctor as he was making ready to take an impression of his mouth for a new denture. I had not been in the office very long but had noted the filthy manner of using impression material and expected he would use a new batch and a clean, fresh tray with his patient observing every move, but had yet to learn some things. With great deliberation he softened the old material over the bunsen burner, then he put his finger in his mouth, manipulated the composition with the moistened finger, which was freshly anointed at frequent intervals to keep from sticking. In very shame I placed a glass of water at his elbow, but he went on talking and never noticed it. When ready, the patient was seated in the operating chair and an impression taken without a protest. I know this man continued as a patron of the office and doubt if he even noticed the lack of sanitary procedure in preparing the impression material.

But this was the period when the boot-black carried his box slung on his shoulder by a strap and polished your shoes with "Bixby's Best," which came in a round tin box in paste form. He spat in the box and rubbed the blacking on your shoes and the shine came with much rubbing and frequent applications of fresh spittle. I well remember the first time I ever heard a protest of this practice. A nicely dressed gentleman objected to the boy spitting in the box and moistening his shoes with the resultant compound. I thought him a dude and rather lacking in good sense that he should ask the employment of water in liquifying the material. This had been the common practice and it never occurred to me there was anything wanting in the method. But even the boot-black

must practice sanitary methods today if he would retain his clientele and use a material already prepared, or employ water if a paste form is desired.

The use of modeling composition in the majority of dental offices today is back to the period when the boy spat in the box. Now, I have been practicing dentistry for twenty-five years and a close observer of dentists, their ways and methods. The practice of using this material by most dentists as here outlined, is the truth. It is harking back to the dark ages and in this year of our Lord 1915, it is unsanitary, filthy to the highest degree and a disgrace to the profession.

## THE PROCESS PATENT AND DENTISTRY

In the minds of the general public and also many members of the profession, dentistry is a mere matter of materials and time spent in performing an operation. But more than this is the personal equation and technique. So long as this continues, dentistry must remain a profession of personal service which cannot always be reckoned in dollars and cents.

An illustration of this point, is the recent suit of the government against the Eastman Kodak Company. It was shown that the Eastman Company, unable to duplicate the manufacture of a certain brand of photographic paper, paid a million and a quarter dollars for the secret of the formula. The sadness came when it was discovered this was not essentially different from a formula already possessed for the emulsion used in sensitizing photographic paper. With this secret in their possession they could not make the paper until they engaged the workmen who had prepared the product. The significance of this fact is the importance of care and accuracy to make a product commercially successful.

The fact that a secret valued at a million and a quarter dollars was valuable only when the men who originated the formula had attended to the details of mixing and handling, was the most striking bit of evidence in this interesting suit.

This is the same old story of the process patent in dentistry. The Low crown and Taggart casting patents and others too numerous to mention, are in this class. We have no objection to Dr. Taggart securing a patent on his machine for casting if the government had seen fit to grant him this right, but we are against process patents of any kind or variety in dentistry.

As in the case of the Eastman Company, who paid this large sum for a process, and discovered it to be the individual care and manipulation that made the product possible; the success of any operation in dentistry is dependent on the man behind the materials and his personal technique.

## WILLARD THE WIZARD

Numerous communications have been received asking for information in regard to one Dr. Francis Willard, Chicago, Ill., who is exploiting an alleged home treatment for the cure of pyorrhea and other ills, including abscesses, gumboils, tumors, cysts, polypi and other abnormal growths in the mouth. His advertisements appear in the daily press, church and society publications as well as full page advertisements in the popular magazines. This man has sold his name to a clever lot of schemers who are exploiting the fear of the dentist and an awakened knowledge of mouth conditions, including pyorrhea, to their own financial benefit. Willard holds the honorable office of secretary of the concern which is using his name, "Dr. F. W. Willard, Inc."

The advertising sent out is well written and consists of booklets, pamphlets and letters, illustrated with cuts and diagrams, of cases before and after treatment. Most, if not all, of these have been purloined from text books on the subject, and no credit given.

Pyorrhea is designated by Willard as a "disease of mystery" which only he has solved. His treatment is advertised as "scientific, safe, simple, sure, successful;" besides this it is "pleasant, painless, positive, also permanent." Numerous eminent dentists' names are given who indorse his treatment, none of whom are contained in Polk's Dental Register. Pictures of permanently cured and grateful patients are shown as well as a picture of the celebrated Willard himself.

In answering his ad. I am in receipt of one-half pound of printed matter, by actual weight, and nine follow up letters, and they are still coming. The "Home Course of Treatment" is advertised at \$5, but he reduces this to \$2.50 if you fail to bite, and later he offers to send a "trial treatment," enough to cure most mild cases, for the paltry sum of \$1. His remedies are a massage cream in a pink box and the rest internal; no instrumentation is necessary. Five different kinds are sent, all of which look, smell and taste fine. The period when a medicine of virtue was supposed to be bitter and unpalatable has passed and Willard's stuff appears good enough to eat on pancakes.

This wondrous man, the wizard Willard, discovered this secret cure for pyorrhea while engaged in the practice of dentistry at Anna, Ill., a place of some 2,800 inhabitants. He and his associates, are practicing on the credulity of a suffering public and exploiting their fears to enrich his exchequer. Such men in plenty, have come from the ranks of the medical profession, who, unable to make a living, have prostituted their calling and Alma Mater for gain. Willard is the first

in the dental profession to thus make an ass of himself and a reproach to his fellows—may he be the last.

## EVEN THE INDIAN CHILDREN ARE GETTING IT

Through an underground channel, we learned that the Department of the Interior, Washington, D. C., contemplated the purchase of 1,000 illuminated school posters on the care of the teeth.

An abstract of a reply to an inquiry to the Department reads, "This office has recognized for some time the relation between good health and the proper care of the teeth. Efforts are constantly being made to improve oral hygiene. Students are given instruction along health lines, and compulsory teeth cleaning is being carried out. This office has six traveling dentists who visit Indian schools and treat all Indians who present themselves. Their recommendations along oral hygiene lines are carried out as far as practicable and available funds will permit." If anyone had said 10 years ago that the Federal government would make it *compulsory* for the red man to brush his teeth it would have been considered a standing joke.

This oral hygiene movement is growing like an immense snow ball, and our only fear is that it is advancing so rapidly the profession will not keep up with its progress. If the Department of the Interior recognizes the need of these posters, why should the individual dentist hesitate to place an order for a supply? If you do not want to do this, have your local dental society order a sufficient number to place in every classroom.

## OUR INDIAN WARDS AND THEIR HEALTH

The appointment of six dentists is only a small part of the health work undertaken by the Federal government. Three hundred thousand dollars have been appropriated for the purpose this year. One third of the amount will be devoted to the building of seven small hospitals upon the reservations where their need is most keenly felt. The Indian service now employs twenty-eight regular physicians who devote their entire time and fifty-nine contract physicians who give part time to the work. There is also employed a large number of women who are called field matrons and their duties are much the same as the visiting nurse.

She is an important part of the service and the Indians

call her "the going around woman." When once she has obtained the confidence of her Indian wards, she becomes the family guide and counselor and the mother comes to her with her troubles, be it children or the proper running of the new sewing machine.

The death rate among the Indians is thirty per thousand; among the white people it is eleven per thousand. Much of this is due to unsanitary living conditions, incident to the change from an outdoor life to one of in-action and indoors. When man ceases to be a hunter and wanderer, he has to establish a police department and build sewers as well as look after the purity of his water supply. Unless he does this he lives among his accumulated filth instead of leaving it behind with his change in habitation. The only thing that has saved him from extermination is the high birth rate.

The most prevalent diseases are tuberculosis and trachoma. There are 30,000 cases of tuberculosis among the Indians and 2,000 deaths annually. Thirty per cent. of all deaths are due to this cause, which is more than double the number among the white race. As the result of trachoma, the number of blind Indian children has increased to such an alarming extent during the last ten years, that the building of special asylums for their care and education is under consideration.

Thus we see that back of the story of the employment of six dentists, the purchase of school charts for their dental instruction and compulsory teeth cleaning of Indian school children, is a great work being instituted by the Government for the improvement of health conditions.

## MADE IN U. S. A.

Since the beginning of this European war and its influence on business depression, particularly in certain lines, we have been asked to "buy a bale of cotton" and again "buy a barrel of apples." Many have done this and one manufacturer of automobiles announced he would purchase a bale of cotton for every machine sold by his firm in the South.

A lot of people have been buying a barrel of flour and nobody told them to do this. Ship loads containing thousands of barrels have been donated to the starving Belgians and the result is a soaring price and a threatened smaller loaf of bread.

One of the most sensible slogans is to purchase goods "Made in the U. S. A." This has been actively taken up by the press, encouraging the American people to buy American-made goods.

Millions of American dollars have annually gone abroad to enrich foreign manufacturers for articles not as well made or of as good value as in our own country. We have made

a fetish of the word "Imported" and were willing to pay a long price for inferior products. This has given rise to the practice of placing foreign labels on goods manufactured in this country, or actual exportation and returning for sale with the label of a foreign concern to give it the proper tone. This is a trying period and the world seems to be sick, not in one spot but all over at the same time. While conditions in America are most favored, it is a strenuous time for all our home manufactories. When we confine our demand for articles we use in our daily life to those made in America by American capital and labor, prosperity will be at our door and our enterprises will grow by leaps and bounds. Stringent legislation cannot do as much for our industries as true patriotism, which means one hundred per cent. protection.

Be a good American and demand goods made in the United States. Be sure that they bear the name and trademark, "MADE IN U. S. A."

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## "THE GOOD OLD DAYS"

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S. G. MAIN, D.D.S., Ishpeming, Mich.

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On this little old planet of sunshine and tears,  
There's one thing that rouses my wrath and my jeers.  
It's the people who uninterruptedly praise  
The good times they had in "The Good Old Days."

Oh! the good days! the old days of eternal bliss!  
When your liver went so very often amiss.  
The doctor exclaimed, ('twas the best that he knew),  
Your bowels are inflamed! you had best say "adieu."

And tooth-ache, "Ye Gods," in the days that were good,  
Did you suffer and bear it as good Christians should?  
Or go to the barber when all else had failed  
And meet with the turnkey that should have been JAILED.

Was it great when you rose on a cold frosty morn,  
Broke the ice in the pitcher, made the coffee of corn,  
Sat down every day to your taters and meat,  
Took a bath every Saturday night as a treat?

Forget it, you pikers, for now is the time  
When life is worth living and man's in his prime.  
Rejoice! Look about you! discard the old phrase,  
Sing, "This is my Country." Shout, "These are the days."



# HERE'S A NEW ONE



We want good clean humor for this page and are willing to pay for it. Send me the story that appeals to you as "funny" and if I can use it, you will receive a check by return mail.—Address EDITOR, 186 Alexander St., Rochester, N. Y.



The dentist was puzzling over his engagement book. "One old hen at 2 P. M.," he read "What the mischief does that mean?" "Gee, I forgot," said the new office boy. "She called up while you was at lunch, I couldn't get no name but she said she'd been broodin' over it and decided to ask you to give her a settin'."

DOWNING GOULD,  
East Falls Church, Va.

Little Paul had a brand new sister. A young lady caller and her "beau" were received in the parlor. "Won't you give me your baby sister," she asked; "I just love babies." "No, I tan't," replied the four-year-old. "Why won't you give her to me," she asked. "She'd tarve to death—your dress opens behine," was the reply.

MARY S. E. CARSWELL,  
New York City.

The professor was telling the class in English history of the Elizabethan era. He turned to one of the young men and asked:

"How old was Elizabeth, Mr. Holmes?"

The young man wore a far-away expression.

"Eighteen on her last birthday, sir," came the reply.

A woman coming out of an anæsthetic thought she was dying and in disconnected sentences, was arranging for the funeral. Planning the musical part of the program she said: "And have them sing, 'Waltz me around again, Willie,' and 'Safe in the arms of Jesus.'"

MRS. E. B. CALDWELL,  
Ann Arbor, Mich.

At an eastern military academy the night guard heard a noise. "Halt! Who goes there?" he called in accordance with army regulation. It was another student bent on midnight frolic, and he answered "Moses." This frivolous and utter disregard of military rule brought back the command, the guard probably suspecting the other's identity: "Advance, Moses, and give the Ten Commandments."

P. GILSTON,  
Newton, N. J.

A tribe of Esquimaux whose main experience with the white man had been in the canned goods line, listened to a phonograph of the cylinder variety for the first time. No particular astonishment was manifested, however, and asked how he liked it, the paterfamilias grunted, "Huh, canned white man."

The little girl rushed into the drug store, handed the clerk a note and said: "Maw wants this quick." The druggist opened the note and read: "Please send me a dime's worth of calomel and soda for a man in a capsule."

J. K. MOLPUS, D.D.S.,  
Roswell, Ga.

While Jane, the new maid, was taking her first lesson on arranging the dining table, some one in the basement kitchen put something upon the dumb-waiter below.

"What's that noise?" asked Jane quickly.

"Why, that's the dumb-waiter," responded her mistress.

"Well," said Jane, "he's a scratchin' to git out!"